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Navy & Marine Corps Medical News
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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are identified in front of their names.

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Headline: Earthquake rattles Twentynine Palms

By Dan Barber, Naval Hospital Twentynine Palms

TWENTYNINE PALMS, Calif. -- An earthquake Oct. 16 on the Marine Corps Air Ground Combat Center here, sent Sailors at Naval Hospital Twentynine Palms into action, ensuring the safety of patients and treating minor injuries.

The earthquake, measuring 7.1 on the Richter scale, occurred at 2:47 a.m., General Mountain Time. The hospital, located approximately 25 miles from the epicenter of the Hector Mine earthquake, was one of many structures on the Combat Center that experienced damage.

Although the quake was a ground mover and building

shaker, there were few injuries treated other than minor bumps and scrapes.

The base's buildings didn't escape unscathed, but the damage was minor.

"Considering the power of the quake, the building systems performed as designed, sustaining minor to moderate damage," said Patrick M. Dougherty, facilities maintenance manager.

And although the earthquake had the potential for doing substantial damage, according to Safety Manager, Jack Burns, the building's structure is solid and people can continue using it as designed, despite some small cracks in the plaster and stucco throughout the hospital.

Hot water pipes broke in the inpatient treatment areas and the Emergency Medicine Department, causing damage to ceiling tiles and walls. One of the hospital's boilers blew a gasket. The other boiler was down for repairs, which left the hospital without steam and hot water for six hours.

After detecting broken water and steam lines, the duty crew took the precautionary measure of evacuating patients and staff to the parking lot, where the Emergency Medicine Department functioned for five hours. Patients and staff were allowed back in after repairs were made.

Final costs for building and equipment repairs won't be available until a thorough damage inspection is completed.

"The duty crew performed magnificently to continue to care for patients in the midst of the chaos," said Capt. Joan M. Huber, NC, commanding officer of the hospital. "Lt. Matthew Killmeyer, MSC, the officer of the day and Chief Hospital Corpsman Kari Jackson, did a superb job of assessing damages, prioritizing concerns and coordinating emergency repairs in multiple locations."

Others quickly coordinated recalled staff or others who came in because they had been jolted out of bed, to effect the quick patient moves and temporary relocation of the Emergency Room services.

"At no time were we unable to provide services," said Huber. "Because of the numerous drills we conduct to prepare ourselves for just such emergencies, our staff responded exceptionally well to this near disaster. I overheard one young Sailor tell another that this isn't as bad as going through a Hurricane at Camp Lejune."

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Headline: New center improves medical research capability

By Regina Hunt, Naval Medical Research Institute

FOREST GLEN, Md. - The nation's ninth largest biomedical research facility at 474,000 square feet and costing $200 million, which will house the Naval Medical Research Center and the Walter Reed Army Institute of Research, was dedicated here Oct. 5.

The facility, located at the Walter Reed Army Medical Center Annex, will be occupied by about 1,000 Navy and Army scientists and support personnel consolidated from numerous

sites in the Washington, D.C. area.
Medical investigators in the new facility will conduct research on the control of infectious diseases, improved combat casualty care, protection of military personnel under hazardous conditions and defensive measures to protect against biological and chemical threats, among other projects.
Sen. Daniel K. Inouye, D-Hawaii,, an Army veteran wounded in WWll and chairman of the Senate Defense Appropriation Subcommittee, spoke at the dedication. He had visited the old WRAIR site about seven yeas ago and decided then that a new facility was needed. At the center's groundbreaking ceremony then, Inouye said, "We will give our service men and women .... the very best."
He confirmed the importance of the facility at the dedication telling the audience that more than pay raises and retirement programs are needed to recruit and retain Naval personnel. Inouye said another contributor to that effort is the medical research being performed at the new research center.
Sen. Paul Sarbanes, D-Md., said the laboratory would help the institute build on its reputation for excellence in biomedical research and continue to keep the nation on cutting-edge research.
"I am confident that this extraordinary facility that we dedicate today will enable WRAIR/NMRC to continue on the frontier of medical research and to protect the health of America's military and the American people in general as we move into the 21st Century," said Sarbanes.
Navy Surgeon General, Vice Adm. Richard Nelson, MC, said the center not only represented cost avoidance to the taxpayer, it also provided an opportunity for professional partnership.
"This facility gives us lots of flexibility and functional capability," Nelson said. "It's important that we've been able to bring together both our Army and Navy researchers so they can collaborate and support each other."
Capt. Richard Hibbs, MSC, commanding officer of NMRC, said it was appropriate that the Navy and Army personnel who conduct world class research for the benefit of our military can finally occupy a world class, state-of-the-art facility.
Tours are available to the media by contacting Marvin Rogul at WRAIR, 301-319-9038. For more information visit the NMRC web site at http://131.158.70.70/ and the WRAIR web site at http://wrair-www.army.mil

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Headline: Bremerton team wins first Joint Combat Medical Olympics
by Judith Robertson, Naval Hospital Bremerton

BREMERTON, Wash. - Hospital corpsmen from Naval Hospital Bremerton recently showed Army Medics how it is done by winning the first Joint Combat Medical Olympics held on Soldiers Field at Fort Lewis, Wash.

"The wounded on the battlefield are the clear winners today," said Force Master Chief, Mark Weldon, who was here from the Bureau of Medicine and Surgery in Washington, D.C., to witness the event.

Military medical personnel are not only challenged with knowing their medical skills, they must also be able to execute those skills in a combat situation. The competition gave the Bremerton hospital corpsmen and medics from Madigan Army Medical Center (MAMC) a chance to demonstrate their abilities.

The contest offered challenges from the cerebral to the physical as the teams competed in a 28-question written exam and a five-station, one-and-a-half mile Combat Casualty Obstacle Course.

Other events included field CPR (cardio-pulmonary resuscitation), erecting a small general-purpose tent and creating realistic moulage (the fake wounds that help medical personnel train for emergency conditions).

The final scores were close. The Navy team pulled ahead in each category, except putting up the tent. When it was announced that the Navy came in only a few seconds behind the Army in the tent construction, one Army team member said, "I didn't even know the Navy knew what a tent was."

Navy team captain, Lt.j.g. Shawn Kase, NC, said the competition was fun, but there was also a serious side to this friendly competition.

"It may seem like fun and games, Kase said, "but it prepares you for actual combat. It's the best way to get you to think and react rapidly. You have to find the patients, assess and treat them and then carry them out, and, he added, "without killing them, or you loose points."

"This is what we're all about," said Sgt. 1st Class Ronald Polite, LPN, USA, from "A" Co., at MAMC. "This may stir up a lot of competition, but it's good training.

The age-old rivalry between these services may have mellowed, but the adrenaline rush that accompanies competition was evident.

Hospital Corpsman 2nd Class David Edwards eyed the Army team in the opening ceremony, "I was concerned. I thought they looked like a pretty well conditioned unit."

Hospital Corpsman 2nd Class Heidi Newman said she was really intimidated. "I looked over at them and said, 'Oh, no!' They were big, tall and tough looking, and they only had one female on their team. It was cold and they were standing out there with just t-shirts. But when we formed up, we were very disciplined, at attention and really a team, you could feel it. I think we psyched them out a little."

Newman said the team really started to jell in the last two weeks before the event. "It was hard to get practices in. Patient care comes first, of course. Some of our team worked in the Emergency Room and the Intensive Care Unit, and many of them work nights, so getting the team together to practice was a challenge."

Names were drawn to see who on the 16-member team would participate in which of the five events. Newcomer to Bremerton, Hospital Corpsman 1st Class Guillermo Venegas, Leading Petty Officer for Nursing Services, said he wanted to do something for his new command.

"I had been involved in casualty exercises before, but this sounded more hands-on and I thought it would be good to have a little friendly competition between services," he said.

The friendly competition turned to a grueling experience when Venegas was one of the five team members selected for the obstacle course. Four members of the team ran the mile-and-a-half course carrying a litter bearing a 150-pound dummy, and all members wore 25-pound packs.

The fifth member of the team was able to relieve the litter bearers on a rotating basis and carry other member's gear for them. The course had them running through a stream, along a very narrow pathway and through the Pacific Northwest's famous blackberry brambles. At each of five "stations" injured patients were discovered, that needed to be triaged and treated appropriately.

"It was an intense experience. We learned to work as a team in that mile-and-a-half. I was especially proud of the way our junior corpsmen performed. Their attitude and their commitment was outstanding," Venegas said.

The gleaming, two-foot rotating trophy with the engraved plaque showing the Naval Hospital team as the first winner is the public reward, but the team members said they gained something greater.

"Working with this team was the most fulfilling part," Dahlberg said. "We pushed each other, encouraged each other, listened to each others ideas and chose the one that made sense. I learned that no matter where you are in the Navy, or what your rank is, you all come together for a common goal."

Winning team members are: Lt.j.g. Shawn Kase, HM2 Orlando Aldana, Lt. Rodger Christy, HN Amber Dahlberg, HM2 David M. Edwards, HM3 Tracie Fout, HM1 Sheri Howard, HA Christian Lonzon, HN Brian Murray, HM2 Heidi Newman, HN Hector Reyes, HM1 Guillermo Venegas, HM3 Michael Watson, HM2 Michael Westland, HN Cameron Wink, and HN Estaban Rivera.

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Headline: New study can't rule out 'PB' connection to Gulf War illnesses

By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- Anti-nerve agent pills given to troops during the Gulf War cannot be ruled out as a possible cause for some of the illnesses veterans of the war have reported. New concerns about pyridostigmine bromide, or PB, an investigational drug administered to service members deployed for the Gulf War, are raised in a RAND study released by the Pentagon Oct. 19. Pyridostigmine bromide was given the troops because it's the only medication

available to protect humans against soman, a deadly nerve agent known to be present in the Gulf Region before and during the war. The Pentagon estimates 250,000 troops received packets of the drug.

The information is inconclusive, however, and will require further study, officials said.

After reviewing medical literature on laboratory animal studies, the RAND Corporation won't rule out a possible connection between PB and undiagnosed illnesses reported by thousands of Gulf War veterans. According to RAND, conditions such as heat and stress -- health factors during Desert Storm -- may cause the brain to absorb larger amounts of PB. This, in turn, may lead to PB affecting acetylcholine, a nerve-signaling chemical that regulates sleep, pain, mood, muscle function and thinking.

The Pentagon administered PB to troops even though the drug was not fully licensed by the Food and Drug Administration. The risks of soman were considered greater than the possible health risks of the drug, said Dr. Sue Bailey, assistant secretary of defense for health affairs. "This department is focused on providing the best possible protection against those deadly weapons," Bailey said. "In this case, pyridostigmine bromide was the best protection available to us for soman."

The RAND review of medical literature uncovered evidence "consistent with several mechanisms that could cause some personnel to have increased effects from PB," said Dr. Beatrice Galomb, the principal RAND investigator. "PB is thought not to cross into the brain in very high quantities, but there is some research in animals suggesting that there may be some conditions, such as heat and stress, that could allow quite a bit of it to cross into the brain."

Galomb said RAND found evidence consistent with theories of how PB might lead to long-term health problems by affecting acetylcholine. "Evidence from animal studies does suggest that there can be long-standing or even permanent changes in regulation of this chemical with agents of the kind that PB is," she said.

Galomb said the earlier findings are consistent with veterans' reported symptoms, but "it's certainly not at the point where we could say with any conclusiveness that PB is a contributor or caused all these illnesses in Gulf War veterans."

Nonetheless, this is the first Gulf War illness research commissioned by DoD that doesn't fully rule out a causal relationship. Past RAND studies ruled out connections to Gulf War illnesses, with depleted uranium, for example, said Bernard Rostker, DoD special assistant for Gulf War illnesses.

Although RAND has not been able to reject the hypothesis that PB caused some of the Gulf War illness symptoms, neither does their report conclude a causal relationship, Rostker said. "We just don't know enough at this point," he said.

The Defense Department has contracted for nearly $20 million in additional research on PB. Additionally, this report will be looked at by the Institute of Medicine in Bethesda, Md.

Although the RAND report released by the Pentagon Oct. 19 points a troubling finger at PB, Rostker said DoD could continue the drug's use.

"PB is and remains the only effective treatment for exposure to soman on the battlefield," Rostker said. "Soman is a particularly quick-reacting nerve agent, and the normal post-exposure treatments would not be effective. PB is and would continue to be not only the treatment of choice but the only treatment we have, if it is even suspected that soman could be used on the battlefield."

The Pentagon's experience with PB and other force protection issues in the Gulf has helped with later deployments, Rostker said.

"When our troops were in Kosovo, we conducted extensive environmental reviews based upon industrial pollutants and war damage," he said. "We took those into account where we bivouacked our troops. That kind of inquiry was not available during the Gulf War and was never available before.

"The Gulf War was a medical triumph in terms of traditional communicative diseases. We're now becoming more sensitive to some of the environmental hazards and placing a lot more emphasis on environmental medicine."

Bailey echoed Rostker's assessment. "In our recent deployments," she said, "we have applied the lessons that we have learned from the Persian Gulf deployments. We are tracking all of the possible long-term effects. That's the real lesson that we have learned about this medication and are applying to future force health protection."

Despite the possible health problems associated with use of an investigational drug like PB, Bailey said she wouldn't hesitate to use other experimental drugs in the future.

I feel no hesitancy to use any drug that will protect our forces against a deadly threat," she said.

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Headline: Joint medical team ensures safety of Bright Star offload

By Lt. Aboul-Enein, Commander Naval Beach Group 2

ALEXANDRIA, Egypt -- After the Maritime Prepositioning Ship, M/S Louis J. Hauge steamed into Alexandria, Egypt, members of Navy Seabees, U.S. Army, and Marine Corps units began unloading more than 1,400 tons of tanks, amphibious assault vehicles, cargo and trucks that would be used in the Bright Star joint coalition exercise.

Onboard the Hague was Lt. Mark Riddle, MC, who, along with six hospital corpsmen, rode the ship from Souda Bay, Crete and provided medical assistance along the way. They became the main U.S. medical support during the offloading of equipment and supplies.

The medical team arrived as part of the 1st Marine Division, 1st Force Service Support Group out of Camp Pendleton, Calif., which was an element of the USS Bataan (LHD 5) Amphibious Ready Group and the 22nd Marine Expeditionary Unit.

Senior Chief Hospital Corpsman Ray Ignacio established a medical watch for the cargo teams upon the ship's arrival at Alexandria that went on throughout the offload, checking on Soldiers, Sailors and Marines at work.

Lt.Col. Robert Labutta, U.S. Army, bolstered medical support by adding more than a dozen medics to the Navy hospital corpsmen contingent.

During 72 hours of continuous operations involving tons of equipment and many personnel, safety precautions were such that the doctors treated one arm scrape and one fracture.

Injured workers were driven to the U.S. Army field hospital at Agami, which is 15 minutes from the pier," said Labutta.

The medical team was joined by Maj. Ahmed Badran, a physician in the Egyptian army, who provided ambulance support for the U.S. medical team.

"This is my third Bright Star, and it is a pleasure working with my American colleagues," said Badran.

The Hague will return to Alexandria in November, when the Navy medical presence will again contribute to the medical support of Marines backloading the ship.

Editor's Note: Lt. Abul-Enein is temporarily attached as an Arabic linguist during Operation Bright Star to Commander, Beach Group Two

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Headline: Portsmouth opens children's emergency unit

By JOSA Theresa Raymond, Naval Medical Center Portsmouth

PORTSMOUTH, Va. -- Recognizing the need to provide children services for pediatric health emergencies, Naval Medical Center (NMC) Portsmouth opened the first Children's Emergency Unit at a U. S. military health facility earlier this year.

NMC Portsmouth provided space and staff for the Children's Emergency Unit from the Emergency Medicine Department of its new Charette Health Center.

Features of the new unit include a two-bed resuscitation room, six acute care beds, a separate wing for less urgent cases, child life services and access to the department's planned observation unit.

A feature for parents is an inner waiting room within the children's unit, which is stocked with children's books, games, a TV and VCR.

The waiting room's comfortable chairs, including a rocking chair, provide a quiet, child-friendly environment for patients and their parents to await lab tests or the results of ongoing treatment. Each bed in the acute care area also has a rocking chair at its side.

The Medical Director of the new Children's Emergency Unit, Cmdr. Mark Ralston, MC, is certified in pediatric emergency medicine. Additional staffing includes emergency physicians, pediatric nurse practitioners and emergency nurses. The hospital's new Pediatric Intensive Care Unit includes a full complement of pediatricians, pediatric sub-specialists and a pediatric surgeon to support the Children's Emergency Unit.

All Department of Defense beneficiaries 18 years old and under are eligible for care in the Children's Emergency Unit. Currently more than 50 children a day are treated in the new unit, which seems well on its way to meeting a first year projection of 25,000 visits.

"We are proud to provide the unique service to our beneficiaries," Ralston. "The Children's Emergency Unit enables us to dedicate specialized resources to the care of ill or injured children. The result will be state-of-the-art quality care offered efficiently in a child-oriented environment."

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Headline: STDs addressed by Groton road show

By Lt. j.g. Dave Florin, Naval Ambulatory Care Center Groton

GROTON, Conn. -- Sexually transmitted diseases or STDs are so dangerous to Sailors' and Marines' health and wellness and have such a negative effect on readiness that Lt. Mary Carlson, MSC, is taking that message on the road. Carlson, stationed at the Naval Ambulatory Care Center (NACC) here, will be going to the Karen Reider Poster Session, Nov. 7-12, at Anaheim, Calif., to give a presentation of "It's a Dangerous Game: Educating the Fleet about STDs".

Her poster presentation will focus on a newly created program slated to begin aboard the Submarine Base at New London, Conn. NACC Groton volunteers will comprise the team delivering the STD message to the deckplates as a "traveling road show".

The poster presentations emphasize that additional education is sorely needed based upon numerous discussions about STDs with our younger fleet members, as well as the high number of abnormal pap smears from active duty females. The program will begin with an optional questionnaire to determine a person's knowledge of STDs as well as attitudes about condom use and why people do not use condoms.

The same questionnaire will be given to participants after the presentation with an expected improvement in knowledge that will be tracked as a control indicator. The program will constantly evolve as data is monitored.

Carlson's presentation at Anaheim, which also demonstrates increased risk of contracting STDs in today's dating environment, will also show how various media, such as slide presentations, video, lectures, demonstrations for proper use of condoms, frank discussions and even a roulette game make the information easier to understand.

Pamphlets describing the various types of STDs will also be available for participants. The chaplain community will be involved in the programs, stressing the Navy's Core Values and sexual responsibility.

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Headline: DoD to form defense task force on domestic violence

By Linda D. Kozaryn, American Forces Press Service

WASHINGTON -- The Defense Department has 90 days to form a 24-member task force on domestic violence, in accordance with the fiscal 2000 Defense Authorization Act signed Oct. 5 by President Clinton.

Over the next three years, the act requires the task force to determine ways to address domestic violence within the military more effectively. The overall goal is to link the military and civilian communities to improve, strengthen or coordinate prevention and response efforts to domestic violence involving service members.

Defense Secretary William S. Cohen is to appoint the 12 military and 12 civilian members of the task force.

Military appointees will include staff judge advocates from each service and senior executive level representatives selected by the services. Cohen will appoint a military co-chair and the civilian members will choose a co-chair from among their ranks.

Civilian appointees will include representatives from the Department of Health and Human Services' Family Violence Prevention and Services office, state and national sexual assault and domestic violence advocacy organizations, civilian law enforcement organizations, state and national judicial policy organizations, and a national crime victim policy organization.

Within 12 months after its inception, the task force will present a long-term strategic plan to the secretary. The plan will include recommendations to improve ongoing victim safety programs, offender accountability, coordination between military organizations as well as with civilian communities, training for military commanders, data collection, case management and tracking.

The task force will also recommend guidelines for negotiating agreements with civilian law enforcement authorities regarding domestic violence involving service members. They will initiate a requirement for copies of no-contact orders issued to service members by military commanders to be provided within 24 hours to the person whom the service member is not to contact. A system is to be developed for recording and tracking such orders.

The task force will recommend guidelines on factors for commanders to consider when seeking to substantiate allegations of domestic violence by a person subject to the Uniform Code of Military Justice, and for determining appropriate disciplinary action when such allegations are substantiated. The task force will also recommend a

standard training program on handling domestic violence cases for all commanding officers.
The act requires the task force to detail its activities, successes and failures in an annual report to the defense secretary. The report will also include the panel's analysis and oversight of the services' response to domestic violence and any barriers to implementing and improving those efforts. It will describe pending, completed and recommended DoD domestic violence research.
Each subsequent report will detail achievements in response to domestic violence in the military, pending research on the subject and recommendations to improve the armed forces' responses to the problem.
The defense secretary will then have 90 days to submit the report and his evaluation to the Senate Armed Services and House National Security committees.
Task force members will serve for three years and receive no compensation beyond their regular salaries. They will be authorized travel expenses and per diem if required to travel in connection with task force duties.

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Headline: Nurse-managed clinic established at Groton
By Lt.j.g. David Florin, MSC, NACC Groton

GROTON, Conn. -- Responding to changing patient needs coupled with health care delivery changes governed by TRICARE, the nurses of Naval Ambulatory Care Center (NACC) Groton's Primary Care Center decided to increase access to care by expanding the role of ambulatory nursing.
The onset of TRICARE had patients with minor health care issues that could be managed by professional nurses being booked into appointments with physicians. Responding to this need, NACC Groton established a multifaceted nurse-managed clinic to address a variety of minor health care issues. Among their tasks, the nurses examine patients for chicken pox, pinworm, thrush and strep throat, among other maladies.
In addition to these clinical services, the nurses also support health promotions, process school physical forms, conduct pregnancy testing, provide injections and conduct immunization screening.
The development of this clinic will be the topic of a poster presented by Lt. Scott Johnson, NC, during the Federal Nursing Poster Session of the 1999 AMSUS Conference in November.

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Headline: VA Secretary ensures treatment for "Group 7" veterans
From Veterans Administration

Washington, D.C. -- Secretary of Veterans Affairs Togo D. West Jr.
announced today that VA medical facilities will enroll all honorably-

discharged veterans who seek VA health care during the fiscal year that
begins Oct. 1.
The VA Secretary's announcement ensures continued treatment next year for "Priority Group 7" veterans, the lowest in a seven-group listing of veterans that began in 1998 under a nationwide VA enrollment system. Priority Group 7 veterans do not have service-connected disabilities; they are rated as "zero-compensable" for service-connected disabilities; or their incomes exceed a threshold level.
"It is my intention to serve as many veterans as possible under the law
and give them access to the full range of services they need," Secretary West said.
West's decision today assures veterans in all priority groups that they are eligible to enroll during fiscal year 2000. VA officials still recommend that veterans retain private health insurance, since it may cover services, such as emergency care, that VA does not usually provide.
The VA's enrollment program was established by the Veterans Health Care Eligibility Reform Act of 1996. It requires most veterans to enroll to receive health care at VA medical facilities. Veterans can apply at any time.
Veterans who fall into the following groups are not required to enroll:
Veterans who have received VA health care since Jan. 1, 1996;
Veterans with a service-connected disability of 50 percent or more;
Veterans seeking care for a service-connected disability; and
Veterans discharged from military service for less than one year for a disability that was determined to have been incurred or aggravated in the line of duty, but that VA has not yet rated.
While not required, these exempted veterans are still encouraged to enroll so VA can plan more effectively to meet their health-care needs.
Under the enrollment program, VA offers an expanded array of health-care services, such as preventive care; primary care; inpatient and outpatient services; rehabilitation; mental health and substance abuse treatment; home health, respite and hospice care; and drugs and pharmaceuticals in conjunction with VA treatment.
Veterans can use these VA services even if they have Medicare, Medicaid, Department of Defense, or private health insurance coverage.
To apply for enrollment, veterans can call, write or visit their nearest VA health-care facility. Most facilities have designated special enrollment coordinators to assist veterans and their families, and to answer any questions they may have. Information, brochures, etc., are also available by calling the VA Health Benefit Services Center at (toll-free) 1-877-222-VETS (1-877-222-8387). The

Services Center operating hours are Monday - Friday, 0880-2000 (EST).

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Headline: Anthrax question and answer
Question: Will the anthrax vaccine protect me against all biological agents?
Answer: No. The vaccine will protect you against all known strains of anthrax. It will not protect you against other biological agents.

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Headline: TRICARE question and answer
Question: If I select a civilian network PCM, can I still use a MTF for routine health care services?

Answer: No, enrollees choosing a civilian Primary Care Manager must be referred to the military treatment facility for specialty and inpatient care by that Primary Care Manager. An enrollee who has chosen a civilian Primary Care Manager may, however, return for pharmacy, laboratory, radiology and other ancillary care they may require.

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Headline: Healthwatch: Flu shot season is here
By Maj. Tom Hoffman, MC, USAF, Naval Hospital Pensacola,

PENSACOLA, Fla. -- Why get that flu shot? Large outbreaks of influenza or flu usually do not occur before December, and generally peak in January and February. Immunizations are typically given in October and November because it takes about two weeks for your body to build up immunity.
When mentioning outbreaks, the Spanish Flu outbreak of 1918 comes to mind. It started in the United States and infected 25 percent of our population, killing one of every 50 infected Americans before going on to devastate Spain. One billion people were infected and 21 million people died! The most recent worldwide epidemic was in 1977.
So, the flu bug is nothing to sneeze at - no pun intended.
Influenza is a virus. We can't kill it with antibiotics. We can only treat the symptoms. Flu symptoms come on abruptly after exposure to the breathing secretions of an infected person. Most patients can pinpoint the hour.

Symptoms can include fever, chills, headaches, muscle aches, feeling lousy, and loss of appetite. You can get a dry cough, runny nose, hoarseness, and sore throat. Some people can get eye symptoms such as tearing, burning, and pain from eye movement.
The signs we see in the clinic are fevers (100-106 degrees), which last about 3 days, clear nasal discharge, red mucous membranes in the mouth and nose, and a toxic-looking patient with flushed face and watery and reddened eyes. Coughs with chest discomfort and burning, stuffed or runny nose, and sore throat can last 3 to 4 days and sometimes longer, after the fever goes away. You may still

have a cough and general lousy feeling for 1-2 weeks after everything else resolves.

As if having the flu wasn't bad enough, you can get other complications such as bacterial infections. You can get pneumonia, heart and/or muscle inflammation, and liver and nervous system problems. Finally, you can give it to your family and co-workers!

An epidemic lasts 5-to-6 weeks and affects 10 to 20 percent of your group. So how can we treat an epidemic that could affect the operational readiness of the military? We can't! But, we can try to prevent it.

The flu vaccine is an inactivated flu virus grown in chicken eggs (not good if you're allergic to eggs). The virus is then blown up into tiny bits. Then tiny particles found on the surface of the virus are filtered out. These particles are what we get in the flu vaccine. Our body's immune system reacts to these "purified surface antigens" and makes antibodies to them, to protect us from future exposure to the virus.

Speaking of antibodies. Why do anteaters never get sick? Because they're full of antibodies!

Side effects may include soreness in the arm from the shot, fever and a feeling of lousiness, and possibly muscle pain for a couple of days. Or you could have no side effects at all! It's okay for pregnant women to get the vaccine.

Of course, the flu vaccine (like any other) isn't 100 percent effective. Developers of the flu vaccine pick the most likely strains of viruses for the upcoming season. Some people will get the flu anyway, but the symptoms will be much less severe. If you get the flu, we'll treat the symptoms. That means we recommend Tylenol, saltwater nasal spray, decongestants, cough syrup, saltwater gargle, humidifier, and lots of fluids. But, it's still going to take seven-plus days to get through it.

The flu vaccine is mandatory for active duty personnel, and they're informed via their chain of command as to when and where to get the vaccine.

The rest of our Department of Defense-eligible beneficiaries should contact their local military hospital and/or clinic for availability of the immunization.

You can see us now in good health or later when you are not feeling so good!

Everyone in a high-risk group - those over 65, health care workers, family members in contact with high-risk groups and adults and children with chronic disorders of the pulmonary or cardiovascular systems should receive an influenza shot as the most effective means to reduce the impact of getting the "bug".

Maj. Tom Hoffman, MC, USAF is a family practice resident at Naval Hospital Pensacola

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W.

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